



# Incident Report

**Print Date/Time:** 07/22/2016 15:04  
**Login ID:** ss0143

Lake Stevens Police Department  
**ORI Number:** WA0311900

**Incident:** 2016-00013994

**Incident Date/Time:** 7/18/2016 5:08:00 PM  
**Location:** SOPER HILL RD / SR 9 NE  
LAKE STEVENS WA 98258  
**Phone Number:** (360) 931-5159  
**Report Required:** Yes  
**Prior Hazards:** No  
**LE Case Number:**

**Incident Type:** Collision  
**Venue:** Lake Stevens  
**Source:** 911  
**Priority:** 3  
**Status:** 3  
**Nature of Call:**

## Unit/Personnel

Unit	Personnel
19D3	SS0134-Lyons

## Person(s)

No.	Role	Name	Address	Phone	Race	Sex	DOB
1	Driver	RHODES, STEFANIE ANN	6204 97TH ST Marysville WA 982702458	(425) 319-8580	White	Female	06/05/1983
2	Driver	ROBERTSON, GARY DANIEL	814 NE 123RD AVE Vancouver WA 986845842	(360) 931-5159		Male	08/18/1972
3	Reporting Party	ROBERTSON, GARY DANIEL	814 NE 123RD AVE Vancouver WA 986845842	(360) 931-5159		Male	08/18/1972

## Vehicle(s)

Role	Type	Year	Make	Model	Color	License	State
Involved Vehicle						AXK4729	
Involved Vehicle						AXW2190	

## Disposition(s)

Disposition	Count
R	1

## Property

Date	Code	Type	Make	Model	Description	Tag No.	Item No.
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**07/18/2016 : 17:33:10 ss0134 Narrative: Rhodes was cited for no insurance**

**07/18/2016 : 17:10:37 SP0422 Narrative: LR 422**

**07/18/2016 : 17:09:56 SP0422 Narrative: DRIVER OF DODGE SUV DOES NOT HAVE INSURANCE**

**07/18/2016 : 17:09:38 SP0422 Narrative: BLK DODGE SUV L/AXW2190 VS. SIL HONDA ACCORD**

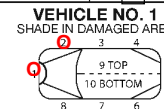
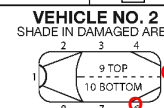
**07/18/2016 : 17:09:16 SP0333 Narrative: AGENCY ADVISED**

**07/18/2016 : 17:08:53 SP0422 Narrative: CC, NON INJ, NON BLKCING,**

## COLLISION REPORT

STATE OF WASHINGTON  
POLICE TRAFFIC  
COLLISION REPORT

1591971

REPORT NO. **E564986**CASE # **2016-00013994**LOCAL AGENCY  
CODINGTOTAL # OF  
UNITS **02** OBJECT  
STRUCKTRIBAL  
RESERVATIONDATE OF COLLISION **07** - **18** - **2016** TIME (2400) **1708** COUNTY # **31** MILES **N** **E** **IN** **OF** **0664**ON (PRIMARY TRAFFIC WAY) INTERSECTION ☒ NON-INTERSECTION ☐  
**STATE ROUTE 9 NE** BLOCK NO.  MILE POST DISTANCE  MILES  **N** **E** **S** **W** OF (REFERENCE OR CROSS STREET) **SOPER HILL RD**UNIT 01 MOTOR VEHICLE ☒ PEDAL-CYCLE ☐ DAMAGE THRESHOLD MET ☒ YES ☐ NO ☐ PHONE **D: 4253198580**LAST NAME **RHODES** FIRST NAME **STEFANIE** MIDDLE INITIAL **A**STREET NEW ADDRESS **6204 97TH ST NE**CITY **MARYSVILLE** ST **WA** ZIP **982702458**CDL  RESTRICTIONS  ENDORSEMENTS DRIVER'S LICENSE # **RHODESA175LE** STATE **WA** SEX **F** D.O.B. **06** - **05** - **1983**ON DUTY ☐ STATUS  AIRBAG **2** RESTR. **4** EJECT **1** HELMET USE  INJURY CLASS **1** NATURE OF INJURIES LICENSE PLATE # **AXW2190** STATE **WA** VIN# **3C4PDDBG1CT342651**TRAILER PLATE #  STATE  TRAILER PLATE #  STATE VEH. YEAR **2012** MAKE **DODG** MODEL **JOURNE** STYLE  VEHICLE TOWED ☒ YES ☐ NO ☐ TOWED BY  GOVT. VEHICLE ☒ YES ☐ NO ☐REGISTERED OWNER INFO. **STEPHANIE RHODES 6110 64TH ST NE MARYSVILLE WA 98270**LIABILITY INSURANCE IN EFFECT ☐ INSURANCE CO & POLICY # VEHICLE LEGALLY STANDING ☐ YES ☐ NO ☐ CITATION # **6Z0791215** CHARGE **OP MOT VEH W/OUT INSURANCE**UNIT 02 MOTOR VEHICLE ☒ PEDAL-CYCLE ☐ PEDESTRIAN ☐ PROPERTY OWNER ☐ DAMAGE THRESHOLD MET ☒ YES ☐ NO ☐ PHONE **D: 3609315159**LAST NAME **ROBERTSON** FIRST NAME **GARY** MIDDLE INITIAL **D**STREET NEW ADDRESS **814 NE 123RD AVE**CITY **VANCOUVER** ST **WA** ZIP **986845842**CDL  RESTRICTIONS  ENDORSEMENTS DRIVER'S LICENSE # **ROBERGD285NQ** STATE **WA** SEX **M** D.O.B. **08** - **18** - **1972**ON DUTY ☐ STATUS  AIRBAG **2** RESTR. **4** EJECT **1** HELMET USE  INJURY CLASS **1** NATURE OF INJURIES LICENSE PLATE # **AXK4729** STATE **WA** VIN# **JHMCM56643C013622**TRAILER PLATE #  STATE  TRAILER PLATE #  STATE VEH. YEAR **2003** MAKE **HOND** MODEL **ACD4D** STYLE **4D** VEHICLE TOWED ☒ YES ☐ NO ☐ TOWED BY  GOVT. VEHICLE ☒ YES ☐ NO ☐REGISTERED OWNER INFO. **GARY ROBERTSON 5918 77TH DR NE MARYSVILLE WA 98270**LIABILITY INSURANCE IN EFFECT ☒ INSURANCE CO & POLICY # **STATE FARM 047 1935-A27-47F**VEHICLE LEGALLY STANDING ☒ YES ☐ NO ☐ CITATION #  CHARGE OFFICER'S NAME (PRINT) **C. LYONS #0134** BADGE OR ID # **0134** AGENCY **WA0311900**

PART A 3000-345-159 R (7/06)

PAGE 01 OF 4


**STATE OF WASHINGTON  
POLICE TRAFFIC  
COLLISION REPORT**


1591972

CORRECTION

REPORT NO. **E564986**CASE # **2016-00013994**
**ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)**

NAME (LAST, FIRST, MIDDLE INITIAL)																		
ADDRESS & PHONE #										SEX	D.O.B. MMDDYYYY	-		-				
PASSENGER	<input type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES
NAME (LAST, FIRST, MIDDLE INITIAL)																		
ADDRESS & PHONE #										SEX	D.O.B. MMDDYYYY	-		-				
PASSENGER	<input type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES
NAME (LAST, FIRST, MIDDLE INITIAL)																		
ADDRESS & PHONE #										SEX	D.O.B. MMDDYYYY	-		-				
PASSENGER	<input type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES

**NARRATIVE**

Please see subsequent narrative pages

I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)

**C. LYONS #0134**
**07-18-16 07:53 PM**

INVESTIGATING OFFICER'S SIGNATURE

UNIT OR DIST. DET

DATED

PLACE SIGNED

APPROVED BY

**R. BROOKS 0013**

DATE

**7/20/2016 5:53:25 AM**

BADGE OR ID #	<b>0134</b>	ORI #	<b>WA0311900</b>	TIME POLICE DISPATCHED	<b>5:08 PM</b>	TIME POLICE ARRIVED	<b>5:12 PM</b>
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REPORT NO. E564986

CASE # 2016-00013994

DATE AND TIME  
OF COLLISION

07/18/16 17:08

## NARRATIVE

Today 07-18-16, at approximately 1708 hours, I responded to a collision that occurred on State Route 9 NE, just north of the intersection of Soper Hill Rd.

Upon arrival, I contacted the drivers of Unit 1 and Unit 2, where they both stated they were not injured and did not need the care of Aid. Unit 1 stated she stated was driving northbound on State Route 9 NE, passing through the intersection of Soper Hill Rd, when Unit 2 braked suddenly for the traffic in front of him. Unit 1 stated she attempted to swerve to avoid colliding into Unit 2, but was unable to so. Unit 1 rear-ended Unit 2, where her passenger's side front end collided into the driver's side rear end of Unit 2.

Unit 2 confirmed Unit 1's statements, stating he was following the traffic in front of him, when traffic came to a quick stop. As Unit 2 braked for traffic, he was rear-ended by Unit 1. At that time, Unit 2 stated that the driver of Unit 1 did not have any insurance.

Unit 2 suffered damages to the passenger's side rear end, where it was able to drive away from the scene.

Unit 1 suffered damages to the driver's side front end, where it also was able to drive away from the scene. Unit 1 was cited traffic infraction #6Z0791215 for RCW 46.30.020- OP MOT VEH W/OUT INSURANCE.

Both drivers were issued an exchange of information and I cleared the scene.

Officer C. LYONS #134, Lake Stevens Police

I CERTIFY UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING STATEMENT IS TRUE AND CORRECT (RCW 9A.72.085) AND I AM ENTERING MY AUTHORIZED USER ID AND PASSWORD TO AUTHENTICATE IT.

C. LYONS #134

7/18/2016

Lake Stevens, WA

Officer

Date

Location Signed

REPORT NO. E564986

CASE # 2016-00013994

DATE AND TIME  
OF COLLISION 07/18/16 17:08

